STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

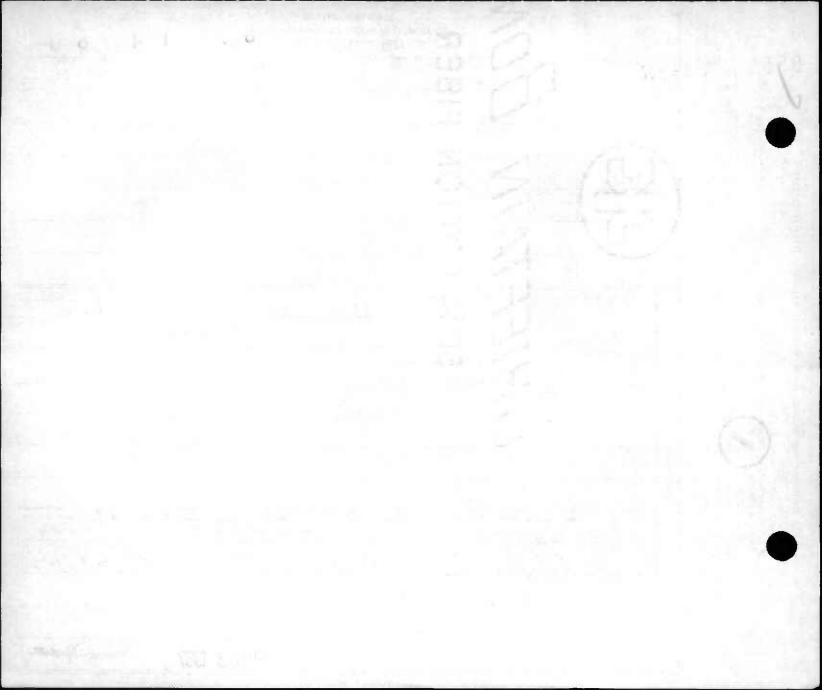
7	1	4	ولي	6	1
	REG. NO.			9	-

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	14	4 6	0	
1		CEASED NAME FIRST		WIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
4	TIME	Majo	or M	cKinley		Clise		05-30-19	987	7:25A.	
	3. SE>	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS	
	2	male	whit	e	MONTH	01-09-1902	85	YRS	DATS	HOURS MIN.	
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
2		MD	USA		WIDOWE		Garrett			MD.	
1	100	TY OR TOWN OF DEATH akland	(IF NOT IN SUI	HOSPITAL, NURSIN CHEACHITY, GIVE STREET, ett Weeks	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI [TYPE OF WORK FOR MOST OF retired	F WORKING LIFE) [26. KIND OF NDUSTRY Carper	BUSINESSOR	
-	USUA	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION			Ting Home			- Carper	icry	
5		MD A.	llegany	Cumber		13d INSIDE CITY LIMITS?	34 E. E1		eet/2	1502	
Z	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDGIE		LAST		
1	14 - 14	Una) VAS DECEASED EVER IN U.S.	cles W. C	115e	DITY NO	17 INFORMANT	Sarah R. T	wigg			
2			GIVE WAR OR DATES)	705-10-6		Anna Beeghly	. Cumberlan	d, MD -	nieco	2	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last	DUE TO, C	Incortain RAS A CONSEQUE Organic OR AS A CONSEQUE	NCE OF	Probably my	or dost	farct Ly Thinis	12	MATE INTERVAL MOET AND DEATH	
	2	1 1/4	1 -1		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PART I a		
1	IFICATIO	190 DATE OF OPERATION		SC Cond	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED YING CAUSES OF DEATH?		
1	MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		Y YEAR	21¢ HOW INJURY OCCUR			OR PART 2)	NO []	
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE F		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		22a 1 certify that (1) (this he saw the deceased alive abave, (1) (we) (did) (did	an	19	, al	nd that in (my).(over) apinian	death accurred an the d	19	d fram the c		
		22b. SIGNATURE	h. Sih		/	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		5/3	6/87	
/		22d. PHYSICIAN'S NAME ITY	> Churaly	Dr. B. B.	or smel A	1220 ADDRESS 11 ler Oz,	Kland, Mi	D			
		BURIAL, CREMATION, REMOV	AL 236. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	co	OUNTY	STATE	
		burial	06-01	-1987 Su	nset	Memorial Park		and All	egans	MD	
1	24 FL	UNERAL DIRECTOR		ADDRES5			TE REC'D. BY REGISTRAR	256. REGISTRAS	SSIGNAR	The same of the sa	
		James F. Scar	pelli. C		MD	21502	ILIN 03 1987	1	in Indian	1.0	

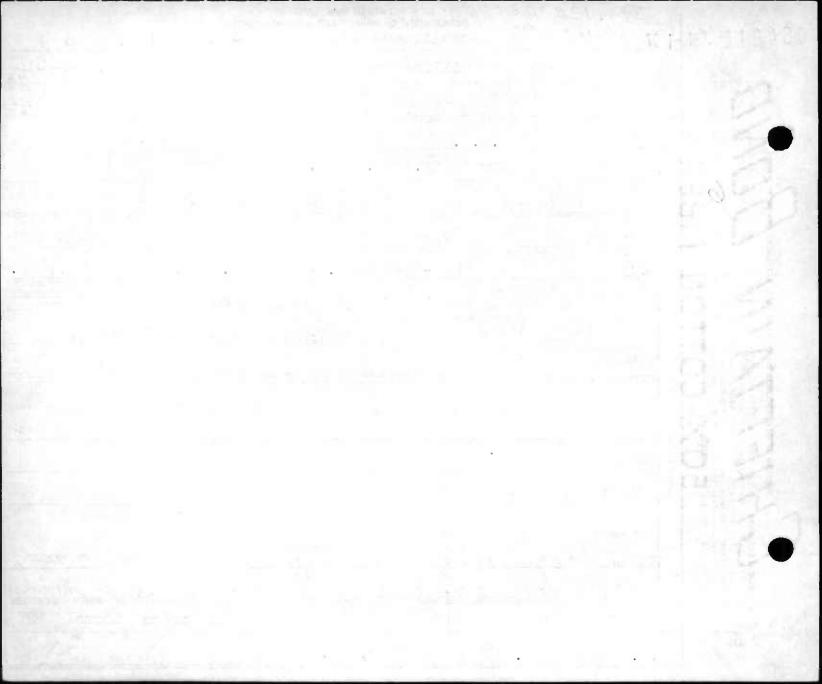
James F. Scarpelli, Cumberland, MD 21502

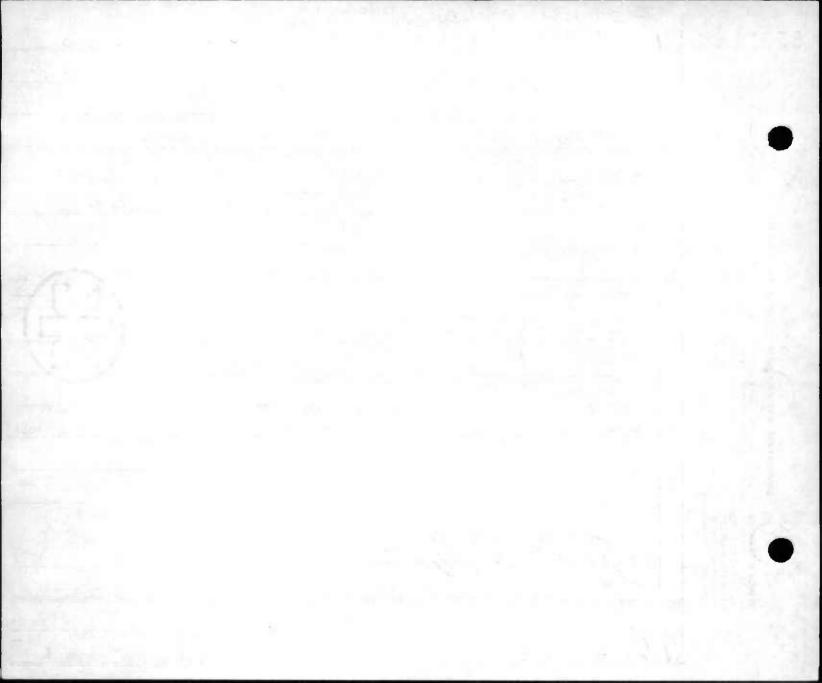
DHMH - 16 60M 7/84 (VRA 15, 4)

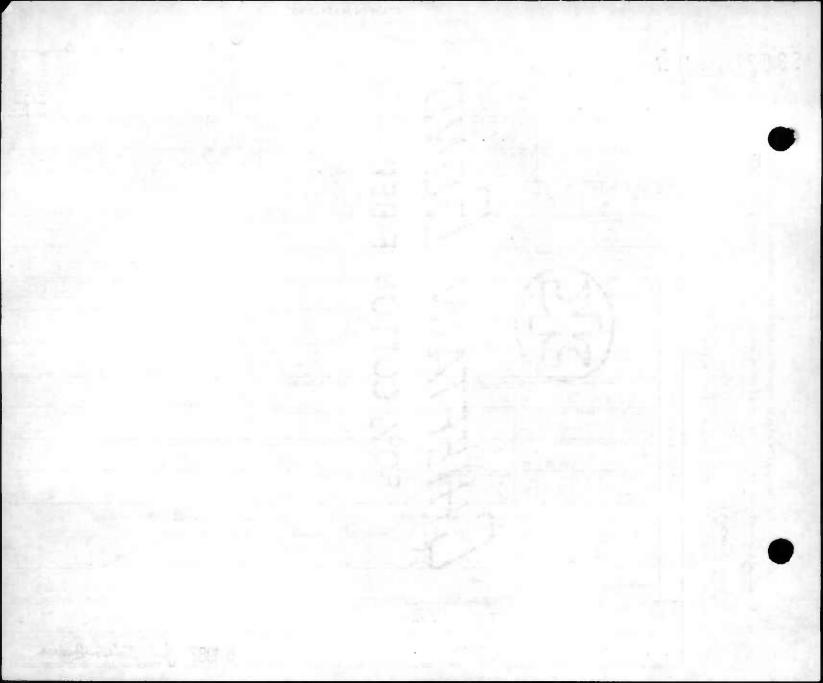
MPORTANT: If them 21 is marked at them 18 shows any injury, at ather traumatic event,



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	1 0 0011	1. DE	CEASED NAME	FIRST	-		WIDDLE			LAST		2a.	DATE KNOW	N MONTH	DAY YEAR	2b HOUR
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1	STREET STREET	3 SEX		RACE	5. DATE MONTH	OF BIRTH	YEAR	6. AGE (IN YE		DER 1 YR.	IF UNDER 2		DATE	MONTH	DAY YEA	7d HOUR
	YOU YOU TON	1	M RTHPLACE (STA	W TE OR	1 1	29 EN OF WH			RS.				DEAD	5-/	9 198	7 -232 -
	VECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. ITHIN 72 HOURS		REIGN COUNTRY)			J.S.A		IRTE	MARRI		VER MARRIE DIVORCE	рП	1		- OF DEATH	
	Z D S T S		TY OR TOWN C		III. NAM	AE OF HOSE	PITAL, NUE	RSING HOM	E, OR OTH	ER INSTITU		12a. USUAL	OCCUPATION	TTYPE OF WORK	126 KIND OF	BUSINESS
/	10	20)aklan	i	Ga	irret	T CC	o Men	m. H	osp.		MIT	PETRKING LIFE	E)	oCΩ≅	T _K Y
-	1 100	Ho. S	RESIDENCE (I	136, CO	ME OR OTHER IN: UNTY nera		13c CITY	or town		13d INSIDE C		13e STREET	ADDRESS	St	999	ag
9		-	THER'S NAME	- M1			EIK	Garu	e11	YES X	NO L	NAME	72	011	111	4
N. 3	18 27 Z	8	Herbe:	rt	MIDDLE		Daws	son		F	111v		MIDDLE		Oates	
IWO	N N N N N N N N N N N N N N N N N N N	16a V	VAS DECEASED	EVER IN U.S.	ARMED FOR	CES?		IAL SECURIT		17. INFORA				PRESS		
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ST	0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18. CAUSE OF PART I DEA	DEATH (Enter	anly one cau SED BY:	se per line	far (a), (b)	and (c).)	> 00	50 ~		A			BETWEEN ON	SET AND DEATH
NO	24 HOU ITEM I ILONG I PERMI GIENE, OVAL.			IMMED	NATE CAUSE		AS A CON	SEQUENCE		rat	Dry	ATY	es v			
PRESTON ST	WITHIN 24 HENCIL IN ITEN WINER ALON TRANSIT PER NTAL HYGIEN OR REMOVAL			, if any, whi		Ex	d	STag.	e (Chror	1100	bSTru	ctive	Pul. A	5 400	V S
` ≥	PENCIL AMINER 1 - TRANS WENTAL I			tating the und		JE TO, OR	AS A CON	SEQUENCE							1	
5, 20	URIA URIA TION			JIME		(c)										
DIVISION OF VITAL RECORDS, 201	ULD BE EXECUTED "PENDING" IN P EF MEDICAL EXA SED AS A BURIAL- HEALTH AND ME AL, CREMATION,	N O	PART 2 OTHER SIG	NIFICANT CONDITIO	ONS <u>CONTRIBUTII</u>	NG TO DEATH R	OT NOT RELAT	TEO TO THE TERA	AINAL OISEASI	OR CONDITION	N GIVEN IN PART	1 (0)				
L RE	RD "PER WHIEF WAS A SECOND AS A SECOND	MEDICAL CERTIFICATION	19a DATE OF	PERATION	15	b. CONDIT	ION FOR V	WHICH OPER	RATION W	AS PERFOR	MED?				20 AUTOPS	Ϋ́
NIT.	SHO CHIE	RTIFI	21a EXTERNAL	CALIEFIAIAE	21	L TIME OF	Ib I II I I I I		100					188	YES 🗆	NO 19
0	A TWENT THE WAR	IL CE	UNDERLYING	OR	1	b. TIME OF HOUR A.M.		DAY YEA		OW INJURY	OCCURRED	(ENTER NATU	RE OF INJURY IN IT	EM 18 PART T OR P	ART 2)	
ISIO	CERTIFICATE SH ITING THE WOR DED TO THE CY E 3 SHOULD BE L E DEPARTMENT OF PRIOR TO BUR	DIC	CONTRIBUTIN 21d. INJURY O			P,M.	F INJURY	19 (AT HOME,	211 LO	CATION						
NO.	SERRE	¥	WHILE AT WORK	NOT WHILE		STREET, FACTO	ORY, FARM, ET	C.)	5	TREET		CH	Y OR TOWN	co	YTHUG	STATE
	# E & # H O			that I took ch	arge of the re	emains desc	ribed aba	ve, held an	Autop	sy 🔲.	Inspection	4. 1	quiry .	and in my a	pinian	
	EXAMNER: CERTIFICATION ULD BE FOR UNIT HEECTOR (, WITH THE		death resulted	d from: No	atural causes	V.	Accident	, su	icide 🗌	, Hamic	ide .	Undetermi	ned manner	<u> </u>		
	WAR WAR		ACTUAL	910 =	70	BAT	1			TITLE (S	1.1			DATE	5-7	2-87
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT	V	SIGNATURE	- as	1	-//14	7		M	D. Ure	mig	MEDICA	EXAMINER	SIGN	ED_J-v	-
	O MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL, DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN		(TYPE OR PRIN	1) (0)	20 vgr	- B,	S701	tztu	5	ADDRESS		rufte		nds Vil	le md	.21531
999	444	23a BI	JRIAL, CREMATI Burial	ON, REMOVA	23b. DATE 5 2.	3 87		albau		RCREMATO	DRY	EL LOCA		len Mi	neral	STATE WV
25M	DHMH 17		NERAL DIRECT			ADDRESS					25a. DATE RE	C'D. BY REC	SISTRAR 256	REGISTRAR'S	GNATURE	
	(VR A15 ME (5))	D	.A. Bu	rdock	Bx.	523	Kitz	mille	er, N	1d.	MAN	100	1007	1,00		
												1 1 1 1	10-11			







STATE OF MARYLAND

(VR A 15 (4))

Buria₁

24. FUNERAL DIRECTOR

Terra Alta Cemetery

Terra Alta

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Preston

22c. DATE SIGNED

COUNTY

2b. HOUR

2:30

12b. KIND OF BUSINESS OR

Hospital

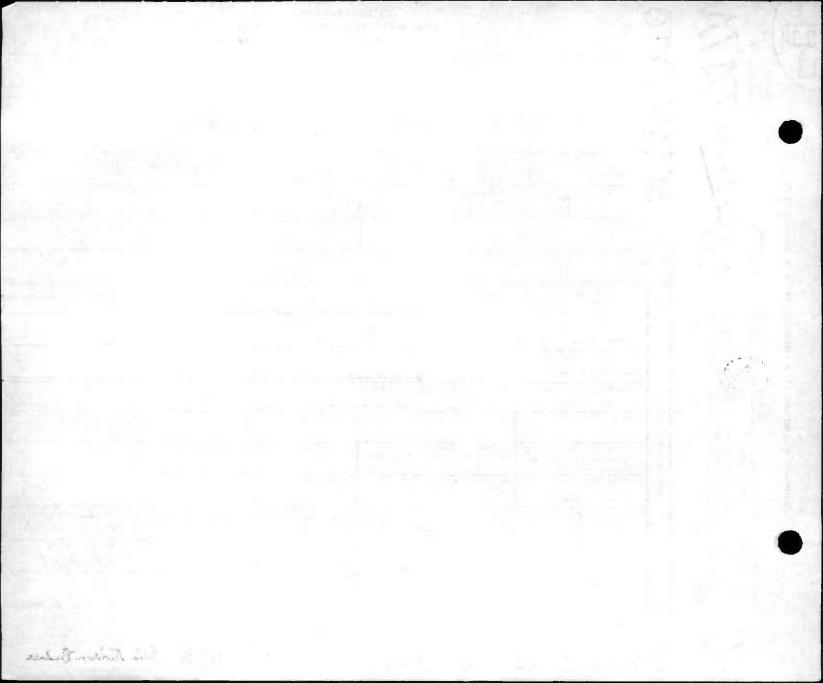
Burke

APPROXIMATE INTERVAL

STATE

IF UNDER I YEAR

INDUSTRY

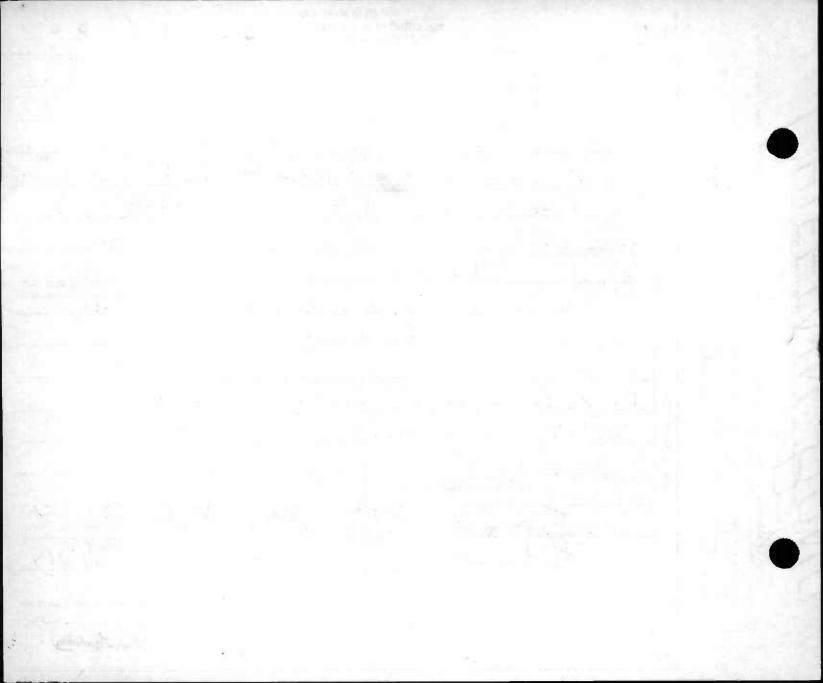


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RE	G. NO.			
	m			-

4006 HW:	0 4	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	REG. NO.	4 -, 6) 5
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
be 3 coth	(TYPE	OR PRINT) Kenne	th W	Vard	FIKE		May 12, 1987	7	1100 PM
noy be poge	3. SE:		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ctor.		Male	White		Jul 3	6, 1904 YEAR	82	MONTHS DAYS	HOURS MIN.
Page direct hours	7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	(? 8.		9 BALTIMORE CITY OR COU		
deoth.		laryland	US	Δ.	WIDOWE	DI NEVER MARRIED DIVORCED	Garrett		
		TY OR TOWN OF DEATH				R OTHER INSTITUTION	12g USUAL OCCUPATION	126 KIND C	MD. OF BUSINESS OR
offer of the		Oakland		COLLEGE STRE		al Hospital	(TYPE OF WORK FOR MOST OF WORK!		Products
or fill of	usu.	Oakland AL RESIDENCE (IF NURSING HO)	E OR OTHER INSTITUTION			al nospital			Troduces
filled hoold b	T3e. S	TATE 136. C	Garrett	13c CITY OR TO Oakalı	WN	134 INSIDE CITY LIMITS? YES 🖔 NO 🗌	13e STREET ADDRESS / ZIP C 408 E. Alder		21550
A 作 See All	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	LAS	ST
Pa Pa Pa		John	R.	Fike		Ida	Mae	Conway	
nd co ges dice		AS DECEASED EVER IN U.S	. ARMED FORCES?	166. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRESS		
Page medii		No No	S, GIVE WAR OR DATES)	217-03-	-2671	Mrs. Donna	J. Thomas, Mt.	Lake Parl	k, Md.
sicio pers. ol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per	r line for (o), (b)	and (c).)			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
phy:			USED BY:		Rid	En Azilu	2	dz	1 1
ding orba		DAMAGE		D 15 1 5011550	Ougrar I				À
tenc re co an, o umo		Conditions, if any, which	,	R AS A CONSEQ	LE CE OF	emi		di	0
moti		gove rise to immediate	,)						
by the series of the creek		couse (a), stating the underlying couse last		R AS A CONSEQ	UENCE OF				
pleo prial		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I	0
sign hen to bu	Z	Per al	Foline	CODI	N N N N N N N N N N N N N N N N N N N	cholan	sta Aute	ONEN IN TAKE TO	
nit. T	CERTIFICATION	190 DATE OF OPERATION	III. COND	TION FOR WHIC	H DPERATION	N WAS PERFORMED	20a AUTOPSY? 206. II	F YES, WERE FINDIN	NGS USED
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ransit Hygie	E	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITER		по П
0 = 10 0		OR CONTRIBUTING CAUSE O	PEAIN	M. MONTH		ALL THE STREET			
this cert the burial ad Mente	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE		.M. OF INJURY	19	211 LOCATION			
orten orten ord ord ked o	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE	E. FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
Afte eos olth olth mark		22a.l certify that (I) (this?	and the second of the	no described from	Ser	108/	107	10 (1)	1
or us FHee						d that in (my) (put) apinion	death occurred on the ate and	hour and from the	couses stoted
ospirios de CTC ed fo		sow the deceased aliv above, (I) (ye) (did) (di 22b. SIGNATURE	dhot) view the body	ofter death.		DEGREE		22C DATE	
P P P P P P P P P P P P P P P P P P P		III. SIGNATORE	11			ATTENDING	MEDICAL STAFF	1511	2/1
NT.		22d, PHYSICIAN'S NAME (1	Dun			PHYSICIAN 222 ADDRESS	DIRECTOR PHYSICIAN		200
HOSPITAL OR inned by the h FUNERAL DIR vold be deteched to the State DegrootTall if he state DegrootTall if he		116. PHISICIAN S NAME (I	YPE OR PRINT)						
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT:		Dr. Thoma					th St., Oakland	1,Md. 21	550
× > -	23a. l	URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION	LOUNTY	STATE
BP		Donation	5/13/	/87 W	est Va	Univ. Hospit	al Morgantown	A	
DHMH - 16 60M 7/84		INERAL DIRECTOR		ADDRESS		25a DAT	E REC'D. BY REGISTRAR 266. RE	PISTBAR'S STOLLA	URE
(VRA 15, 4)	Br	adley A. Stev	vart Oak	cland, Ma	aryland	2 1550 MAY	19 1901 8	~	



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STATE OF MARYLAND

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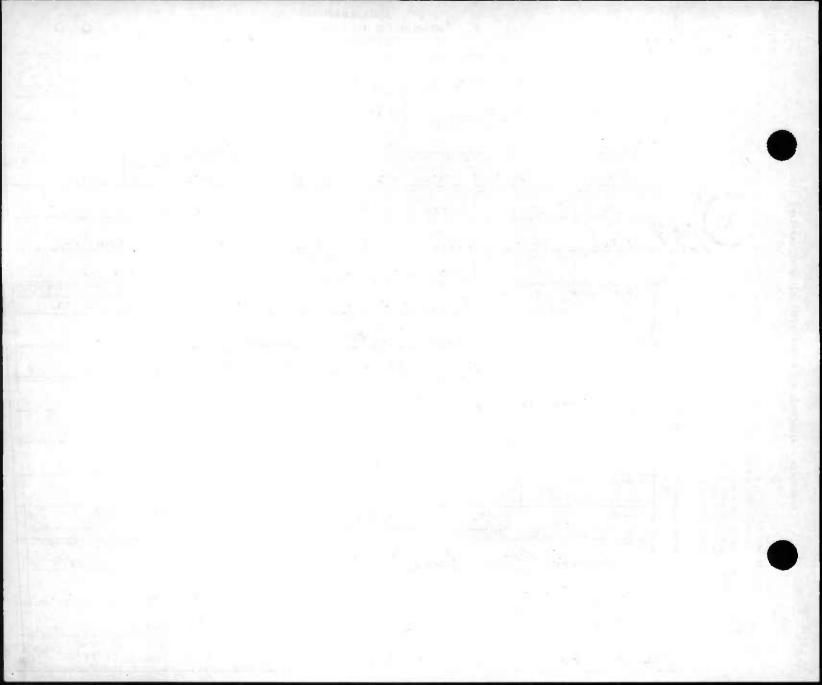
4	STATE	DEPARTM	IENT OF HEALTH AND MENTAL HY	SIENE /	· 0 0					
-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
1	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
ļ	(TYPE OR PRINT) Margare	tte Lucretia	FRANTZ	May 20, 198	7 857 P M					
1	1.56X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS					
	Female	White	July 31, 1910	76 yrs	MONINS BATS HOURS MIN.					
d	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH					
d	Maryland	USA	WIDOWED DIVORCED	Garrett	MD.					
1	TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR						
I	Oakland		Memorial Hopsital	Housewife	Home					
1	ESIDENCE (IF NURSING NOME OR 1936 COUN Pres	NTY 13t. CITY OR TOWN	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD P.O. Box 62	(101111)					
ø	HER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST					
2	Milton	Lytle	Susan		Cuppett					
2	Ten WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRESS						
5	No No	220-32-4	4907 Mr. Clarence	H. Frantz, See	#13 above					
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c) BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE!	utory arres	H/ARDS	BETWEEN ONSET AND DEATH Sudden Minutes					
	cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	DUE TO, OR AS A CONSEQUENCE OF CISCURE WITH CINEMIA							
	- /	conditions contributing to D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART TIO					
1	PSEUDOMON 19a DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)					
1	OR CONTRIBUTING CAUSE OF OF	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM TO	PART 1 OR PART ?}					
	THE EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE					
	saw the deceased alive an	ital) ottended the deceased from	5/12/ 19 8 87, and that in (my) (aur) apinion	7 to 5 / 70 death occurred an the date and had	19_87_, that (It (we) lost or and from the couses stated					
	above, (1) (w/l) (didi) (did no 22b. SIGNATURE	on Alle	DEGREE ATTENDING PHYSICIAN E		DI DATESIGNED					
f	22d. PHYSICIAN'S NAME WYPE O	OR PAINT)	22e. ADDRESS		-1-11					

Dr. Mark Domenick, MD

Cranberry Clinic, Terra Alta, WV 26764

	23b. DATE	23c NAME OF CEME	TERY OR CREM	ATORY	23d LOCATION		
(SPECIFY) burial	5/24/87	Sang Run	Cemete	ry	McHenry	, Garrett,	Maryland
24 FUNERAL DIRECTOR Bradley A. Stewar		Maryland	21550	250. DATE		R 256 REGISTRARS	SIGNATURE des
Bradiey A. Stewar	t Vaktanu,	maryranu	21000		NO 1001	Source Par	

DHMH - 15 60M 7/84 (VRA 15, 4)



completely filled in by the funeral director, page 3

other troumotic event, the medical examir

a by the ottending physician rose remove carbon popers.

that the death certificate be executed within 24 hours ofter death. Page

STATE OF MARYLAND

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	DEC NO			

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0		OR PRINT	FIRST		AIDDLE	· · ·	AST		20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
	11116		velyn	Vi	rginia	GLO	TFELTY		May 23, 1	987		1030P M
	3. SE X	(4	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		Female	200	Whit	te	Augu		22	64	YRS.	DATA	MIN.
-		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTR	RY? B	NEVER MARK	RIED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
)		faryland		USA	A	WIDOWE		CED [Garrett			MD.
	10. CI	TY OR TOWN OF DEA	TH I		HOSPITAL, NUR		R OTHER INSTITUT	ION	120 USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
)		Oakland		-	_		ial Hospi	tal	Housewife	,		ome
-	13a S	AL RESIDENCE (IF NURS	ING HOME OR O		GIVE RESIDENCE BEI		13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS	ZIP CODE		
)		Md.	Garr		Oaklan	-	YES X NO		14 E. Cent		. 2	1550
1	14 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MA		MIDDLE		LAS	,
		Lester	Ro		Welch		Ida		Eleanor	J	Johnson	
		AS DECEASED EVER		ED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRE	SS		
		No	(IF TES, GIVE	MAK OK DATES)	215-12-	-2192	E. Cathe	rine	Glotfelty,	See #	13 abo	ve
9	CERTIFICATION	Conditions, if ony, gove rise to improve (a), stofin underlying couse PART 2. OTHER SIGN D D D D D D D D D D D D D D D D D D D	which mediate ig the lost.	DUE TO, OI (b) DUE TO, OI (c) DIVIDITIONS CO	R AS A CONSECTION OF THE PROPERTY OF THE PROPE	QUENCE OF STAGE QUENCE OF GO DEATH BUT LOLLE	COLDE L NOT RELATED TO		heart gar when disc value disc value discon value discon	20b. IF YES,	yes IN PART I IC	IGS USED
2	RI								YES NO V	YES		NO []
?	MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CALEXAMINER)	P.,	M. MONTH M.	DAY YEAR		OCCURRE	ED (ENTER NATURE OF INJUI	LY IN ITEM TS PA	ART I OR PART ?)	
	MED	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WO	ILE [7]	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFI	CE, FARM, ETC)	211. LOCATION STREET	0//	CITY OR TO	WN / /	COUNTY	STATE
/		22a. I certify that (I) sow the decease above, (I) (we) (c) 22b. SIGNATURE MALL. 22d. PHYSICIAN'S MALL.	(this hospital and alive on _did) (did not)	view the body	5/10 19	87. on	DEGREE ATTEM	NDING 1	MEDICAL STAIL DIRECTOR PHYSIC	FF		
		URIAL, CREMATION,	_	236. DATE 5/27/8			Co. Mem.		Oakland,	Carro	COUNTY	STATE
		buri	al	17/2//)/	Jarrett	co. Hell.	Gus.	Jakrand,	Garre	rtt, Ha	Lyland

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDIF

BP.

should be detached for use as the buriol-tron with the State Dept of Health and Mental Hype IMPORTANT: If them 21 is marked or Item 48 is TO FUNERAL DIRECTOR: After this certifical

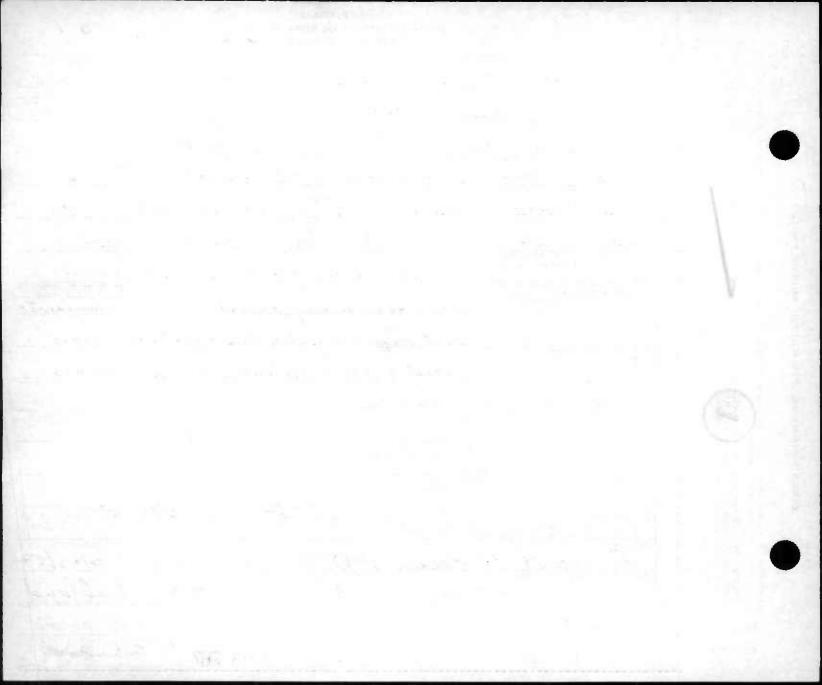
74 FUNERAL DIRECTOR

NAME

Bradley A. Stewart (VRA 15, 4)

Oakland, Maryland 21550

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



054492

may be

completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 sh with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical evaluation.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

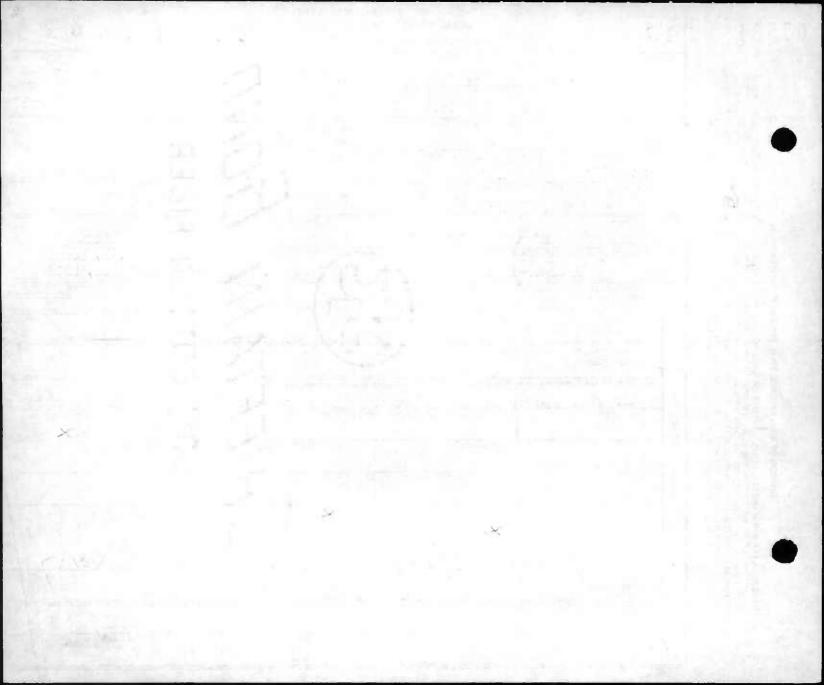
1	REGISTRAR			CEKITI	ICATE OF DEATH		REG. NO.			
1	DECEASED NAME FIRST	٨	MIDDLE	i	LAST	20. DATE OF D		NTH DAY	YEAR	26 HOUR
	(TYPE OR PRINT) George	(NM	I) G	OVER	NOR	May	20,	1987		9:52 P M
3	SEX	4 RACE		5. DATE C		6 AGE (IN YEAR		(Y) IF UP	NDER I YEAR	
1	Male	Black		Sept	8, 1904	82		YRS	MS DATS	HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR C		DEATH	
	New York	USA		WIDOW		Garre	ett			MD.
P	CITY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OC			26 KIND C	OF BUSINESS OR
	Oakland	Garrett	. Co. Memo	rial	Hospital	Unkno		, AKING LIFE)	Unkn	
F	JSUAL RESIDENCE (IF NURS) OME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZI	P CODE	(74494
1	D.C. D.	C.	Washingt	con	YES 🔀 NO 🗌	2022	V' St	reet,	S.E.	1/1/
1	4 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE		LA:	ST
L	Unknown				Unknow	n				
1	60. WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
L	No	T WAN ON DAILES	577-52-2	2615	Patient reco	rds - Cu	ippett	-Weeks		
Г	18 CAUSE OF DEATH (Enter or	nly ane cause per	line far (a), (b), and	l (c).)	,				BETWEEN	ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	cordio	res DI	rutory orr	est			10	minutes
1		DUE TO OF	R AS A CONSEQUE	NCE OF	7				-	1-
L	Canditians, if any, which	(b)			ronia		ALC:		IW	eek
ı	gave rise to immediate cause (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF		4.4-1			7-	
ı	underlying cause last.	(()	. 7.5 7. 207.02002			-				
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	OR CONDITI	ON GIVEN I	N PART 1	a
I	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	c cordio	ovoscalor o	discoso	e with congestive	- heart t	silure	- ; d	eme	en tra
1	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP		L CERTIFYING		NGS USED S OF DEATH?
	HI -					YES T	10	YES [NO [
1	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTERNATU	RE OF INJURY IN	ITEM 18 PART 1	ORPART 2)	
ı	OR CONTRIBUTING CAUSE OF DE	AIH		19						
I	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE C	OF INJURY	nu sta	211 LOCATION		CITY OR TOWN		COUNTY	STATE
ł	WHILE NOT WHILE AT WORK	[ATHOME SIK	EET, FACTORY, OFFICE FA	ikm, ETC J						
ı	22a I certify that (1) (this hosp		e deceased fram_		em Per 1719 8 6		1442	0 19_		that (1) (we) last
l	saw the deceased alive ar abave, (1) (we) (did) (did no	May	20 19	87,0	nd that in (my) (our) opinian	death occurred o	an the date of	and have and	d fram the	causes stated
1	22b. SIGNATURE	IT view me body			DEGREE				22c DATE	SIGNED
1	W/Varin	upm	P	IP.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	10	5 -	22-87
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		. 0	22e ADDRESS				_	
ł	Walter 1	Vaumi	ann t	19	Accide	au t	MD	2/	120)
2	30. BURIAL, CREMATION, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATI				
	(SPECIFY) Burial	5/26/8	37	Dakla	nd Cemetery	Oak:	land	Garre	ett	Maryland
2	4 FUNERAL DIRECTOR THE	do	A		46	E REC'D BY REC	ISTE AR 206.	REGISTRAR	SSIGNA	NURE
	Durst Funeral H	ome - Oa	kland, Mo	1. 2	1550 MA	Y 25 19	01	a Dea	dern. K	andallo'

BP. GHM9- 16 60M 7/84 (VRA 15, 4)

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11.1	TO F	OR,					DEPARTA	MENT OF	HEALTH	AND ME	NTALH	YGIENI	E ,		A	- 1	6	0
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T		EASED NAM	E	FIRST			MIDDLE			LAST			OF DATE	KNOWN	[X MON	TH DAY	YEAR	ZE HOUR
1	(TYPE	OR PRINT)	M	lerle		E	dward		He	trick		PA.	DEATH	MATED		5/27	19 87	
3	SEX		4. RAC		5. DATE O	F BIRTH		6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER		C. DATE		MON	TH DAY	YEAR	24 HOU
	r	nale	Whi	ite	монтн 3	6	193	ST BIRTHO	AY) MONTH	DAYS	HOURS	MIN F	RONOUN		5/	27	19 87	9:10
Į,		THPLACE (S	STATE OR		76 CITIZE	N OF WH	IAT COUNT		10	D NEV	(ED 44 A DD)	го П	BALTIM	ORE CIT	OR COL	JNTY OF	DEATH	
ı		ryland			U	SA			WIDOW		DIVORCI		(arre	tt			AAT
Ī	D. CIT	Y OR TOWN	OF DEA	ATH			PITAL, NUR	SING HOM	, OR OTH	R INSTITUT	ION		AL OCCUP	PATION		RK 12b K	IND OF BU	JSINESS
L	G	rantsv	ille		Rt	. 1	Box 9	4					ost of work					ctory
	JSUA 3a ST	RESIDENCE ATE		RSING HOME OF			13c CITY	OR TOWN		134 INSIDE CI	TY LIMITS?	13e STRE	ET ADDRE	ss BOX	94		215	36
Ī	4 FA	THER'S NAM	E		WIDDLE			AST		15. MOTHE	R'S MAIDE	NNAME		IDDLE			LAST	
		Irvin		E	dward	= 11	Hetr	ick		IV	ra		May	7		Bitt	tinge	r
1		AS DECEASE		IN U.S. ARM			166 SOC	IAL SECURIT	Y NO.	17 INFORM	TANT	1 1		ADDRE	ss Rt	. 1,	Box	94
l		es	01111	1/12/	53-12	/16/	54 2	17-28-	9409	Shirl	ey L.	. Het	rick,	, Gra	ntsv	ille	, MD2	1536
F		IB CAUSE C	OF DEAT	H (Enter only	y one cous	e per line	for (a), (b),	ond (c).)	- 1	1						BEI	APPROXIMAT	E INTERVAL
		PARTIDI	EATH W	AS CAUSED	BY: E CAUSE (o) Th	rombo	sis r	ight	corona	ary a	rtery					sudde	
I								SEQUENCE		- 4								
1				any, which immediate) (b se	vere	corona	ary a	rtery	ather	roscl	eros	is				
4) stating	the under-				EQUENCE				1004						
1	B					c)						300		(14)				
	_]	PART 2 DINERS	IGNIFICAN	T CONDITIONS C	DNTRIRUTING	TO DEATH I	OUT NOT RELAT	ED TO THE TERM	IINAL DISEASE	DR CONDITION	GIVEN IN PAI	RT 1 (a).						200
1	CERTIFICATION			ac hyp								chro	nic	oneun	nonit			
ı	Z	19e. DATE OF	F OPERA	ATION	196	CONDIT	ION FOR V	VHICH OPER	W MOITA	AS PERFOR	MED?					20	AUTOPSY	?
1	FI				-	*****											YES 📉	NO 🗆
1	-	210. EXTERNA	_			TIME OF		DAY YEA	21c. HC	W INJURY	OCCURRE	D LENTER N	ATURE OF IN	SURY IN ITEM	18 PART 1 O	R PART 2)		
1	ICA	CONTRIBUTI	ING [CAUSE OF D		P.M		19	214 4 0	********						1 1		
1	MEDICAL	214 INJURY					OF INJURY ORY, FARM, ETC			REET			CITY OR TO	WN		COUNTY		STATE
1		AT WORK	ATW	ORK							350							
		22a. I cert	ify that	I taok charge	e of the ren	noins desi	cribed obav	e, held an	Autops	y × .	Inspection	n .	Inquiry		and in my	y opinion		
		death result			ol causes		Accident		icide	Homici	ide .	Undete	rmined mo	onner [].			
1				010			117	2	Ш	TITLE (SE	PECIFY)		MIL.					
1	618	ACTUAL SIGNATURE		TU	on	1	MIL	1	M		oute	_ MEDI	CAL EXAM	AINER	DA	TE SNED 5	-19-1	>
5		EVALABLEDIO	NIAAAF	/	1	- 1	- 1	71			1	/			03.50			/
1		EXAMINER'S (TYPE OR PRI	INT)	Geor	ge St	oltz	fus,	M.DJ		DDRESS	Frie	ndsvi	He,	MD	2153	1		/
н	(5)	RIAL, CREMA	TION, R					AME OF CE				23d LOG	CATION		(COUNTY	5	TATE
		rial			5-30-	-87	Gra	ntsvi	lle Ce	emeter	У	Gran	tsvi	lle,	Garr	ett,	MD	
1	24. FU	NERAL DIREC	CTOR	ma		ADDRESS					250. DATE R	REC'D. BY	REGISTRA	R 256 RE	GISTRAR	SSIGNA	TURE	
	00	· Open	no	11 440	man	Gra	ntsvi	11e. I	AD.		JUNZ	3 13	100					

STATE OF MARYLAND



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director

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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	4	En.	1	C
 4				

7	REGISTRAR			CERTIF	ICATE OF DEAT	H	O / RE	G. NO.	and and	, ,
	CEASED NAME	FIRST	MIDDLE	Į.	AST	2	a. DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
11111	Frank	klin Wa	llace	JU	NKINS		May	15,	1987	3:20 pA
3. SE	х	4 RACE		5 DATE C			AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DATS	
1	Male	White		Feb.	12, 1922	EAR	65	YRS	MONTHS DATS	HOURS MIN.
	IRTHPLACE STATE OR FORE COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRI	ED 1	BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTE		Garre 20 USUAL OCCL		126 KIND C	OF BUSINESS OR
	Dakland	Garret	t Co. Mem	orial	Hospital		Bldg. Ir			tion
13a. S		HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOWN	N	13d. INSIDE CITY LIV YES 🔯 NO	MITS?	3e.STREET ADDR	ESS / ZIP COI Street	DE 21550	
14. FA	Wallace	MIDDLE A	Junkins		15. MOTHER'S MAII FIRST Maude	DENNAME	MID	DIE	Griffit	
(WAS DECEASED EVER IN		166 SOCIAL SECUI 213-12-9		17 INFORMANT Mrs. Mary	17 A		DDRESS		
	Conditions, if any, we gove rise to immediately couse (a), stating underlying couse	thich (b)_ liote the lost. (c)	OR AS A CONSEQUE	NCE OF	prosta				1	ais
N	dialeter	mellit.	Les - 1		- 1		neumo		IACIA IIA LWKI III	
CERTIFICATION	190 DATE OF OPERATIO	N 196 COND	TTIME FOR WHICH		N WAS PERFORMED	-	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	SE OF DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM TB	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AF WORK	CAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (the saw the deceased abave, (1) (we) (did		5/15 19	F7. or	4/30/, 19 and that in (my) (aur)	opinion de	ath occurred on t	he date and ho		that (I) (we) last causes stated
	The SIGNATURE	aut a	Kavie	V		DING V	MEDICAL DIRECTOR P	STAFF IYSICIAN []	22c. DATE 5-	SIGNED 16-F7
	KA15E	R (TIME OR PRINT)			3//	N	4th f.	wite	3 Oa	Ochano

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and con should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. njury, or other troumatic event, the

IMPORTANT: If them 21 is marked of

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE /18/87 231 NAME OF CEMETERY OR CREMATORY Garrett Memorial

23d LOCATION
CITY OF TOWN
Oakland Gards

Garrett Md .

BY REGISTRAR 256. REGISTRAR'S SIGNATURE is Birder Rental

Home - Oakland, Md. 21550 Durst Funeral

and a second A Committee of the Comm OTITO BENEFIT IT WAS ALSO AS MANUAL AND SEASON The state of the second AND REPORT OF THE PARTY OF THE The state of the s

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FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		4	and	1	- 1
-0 .10					

1	REGISTRAR				CERTIN	ICAIL OI DEATH	REG. N	٥.			
	ECEASED NAME	FIRST	1	MIDDLE	L	AST	26 DATE OF DEATH	MONTH DA	Y YEAR	26 HOU	R
{114	PE OR PRINT)	EDNA	Mar	garet	1	VASUN	May 10,	1987		400	AM
1.5	EX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS	24 HRS
1	Female		White		May	27, 1900 YEAR	86	YRS		HOORS	MIN,
70.	BIRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR'	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	FDEATH		
	est Virgin			USA	WIDOWE		Garrett				MD
10 (Oakland	EATH	(IF NOT IN SUC	H FACILITY, GIVE STRE	EET ADDRESS)	ial Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife		126 KIND C INDUSTRY Home		SS OR
USI 130.	UAL RESIDENCE (IF NO STATE	Gran	OTHER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / P. O. Box	ZIP CODE	9	999	14
(C)	FATHER'S NAME	746		LAST		15 MOTHER'S MAIDEN NA					
-	Charles		WIDDLE	Flanag	an	Florence			Unknow	wn)	
Ba.	WAS DECEASED EVI		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS			
	No	(11 163, 014	E WAR OR DATES	234-96	-0085	Dr. Don F. Wi	illiams, Rye	, New	York	105	80
	18 CAUSE OF DE	ATH (Enter an	nly ane cause per	line for (a), (b),	and (c).)				BETWEEN	MATE INTER	VAL
	PART I. DEATH	WAS CAUSE	Ď BY: TE CAUSE (a)	REL	AC FA	ilure				eles	_
		MANAGOIN									
	Conditions, if or	ny which	DUE TO, OI	R AS A CONSEC	RIOSCH	wosis			yes	ars.	
	gove rise to i	mmediote) (b)—						1		
	cause (a), sta underlying cau		DUE TO, OI	R AS A CONSEG	UENCE OF				1		
	DART 2 OTHER CI	Chillicaniz	(s)	ON TRIBUTING T	0.054714.0117	NOT RELATED TO THE TERM	NAME OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE	DITION CIVE	1 0 1 0 4 0 7 1		
×	PART 2. OTHER ST	B	10 DD 0	ZNIKIBUTING TI	C S A	Transfer To Inte Term	Call	JIIION GIVER	4 IN PART II	a	
CATION	190 DATE OF OPER	RATION	19h COND	TION FOR WHIC	CH OPERANO	IN WAS PERFORMED	20s AUTOPSY?	T206 IF YES	WERE FINDI	NGS LISED	1
湿						THE STATE OF THE S		IN CERTIFY	ING CAUSES	S OF DEATH	H?
CERTIF	21s. ACCIDENT WAS U	INDERLYING F	7 21b. TIME O	F IN II IPY		21c. HOW INJURY OCCURE	YES NO	YES		NO [1
	OR CONTRIBUTING	- Land	4 440440 4	M. MONTH	DAY YEAR	The state of the s	LENTER NATURE OF INJUI	IT IN IIEM IS PAR	(ORPARI 2)		
MEDICAL	(IF EITHER, NOTIFY MI				19						
AED	21d. INJURY OCCU		21e. PLACE (OF INJURY BEET, FACTORY, OFFIC	E, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51	TATE
-	AT ORK AT	WHILE				a c	42		C.		
	22a.l certify that	(1) (this hospi	tol) attended th	e deceased fran	1	Jet 19.0%	, to///	2/00	3	thor TD (w	ve) last
	saw the dece	osed alim of	t) view the body	as 9 19	X+ , at	nd that in (my) (our) opinion (death occurred on the at	ite and haur o	and fram the	couses sta	ited
	226. SIGNATURE	1819	t) view the body	alter death.		DEGREE			TIL DATE	SIGNED!	
		7 N	Rales			ATTENDING	MEDICAL STAI		37	14/8	7
	22d. PHYSICIAN'S	NAME (TYPE C		1		22e ADDRESS	- DIKECTOK [] PHYSIC	IAIN 🗌	11		-
			s Mance	DO		Third Street	Oakland	Marula	nd 21	550	
	1.					1		lal y lal	10 21	550	
230	BURIAL, CREMATIO					EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	5]	JATE.
	buri	al	5/13/	87 B	ayard	Cemetery	Bayard,				nia
24.	FUNERAL DIRECTOR	4000				25a DAT	E REC'D BY REGISTRAR	25b. REGISTRA	AR'S SIGNA	TURE	

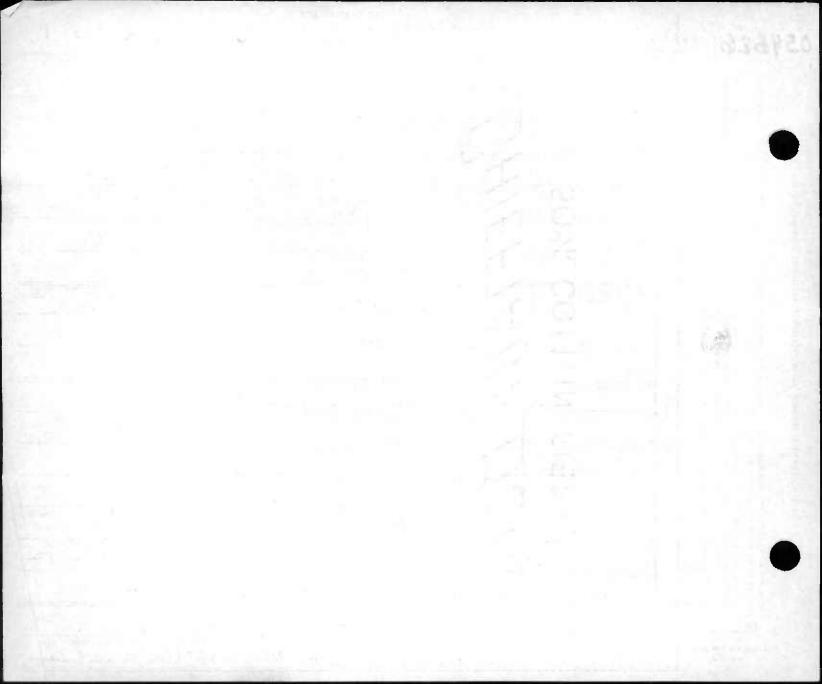
DHMH - 18 50M 7/84 (VRA 15, 4)

Bradley A. Stewart

Oakland, Maryland

21550

MAY 21 1987 Julia Troiden Pandans



FOR

Emma Prysock 228 5,36 . NE washington, Dic 20011 (nephew o minutes TERMINAL DISEASE OR CONDITION GIVEN IN PAR 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (my) (a) opinion death accurred on the date and hour and from the causes stated COUNTMaryland 05/12/87 Washington National Burial Suitland, P.G.Co. HANT - 16/50M 1/B1 24 FUNERAL DIRECTOR LATNEY's Funeral Home Georgia Ave. NW; Washington, DC 20011 MAY

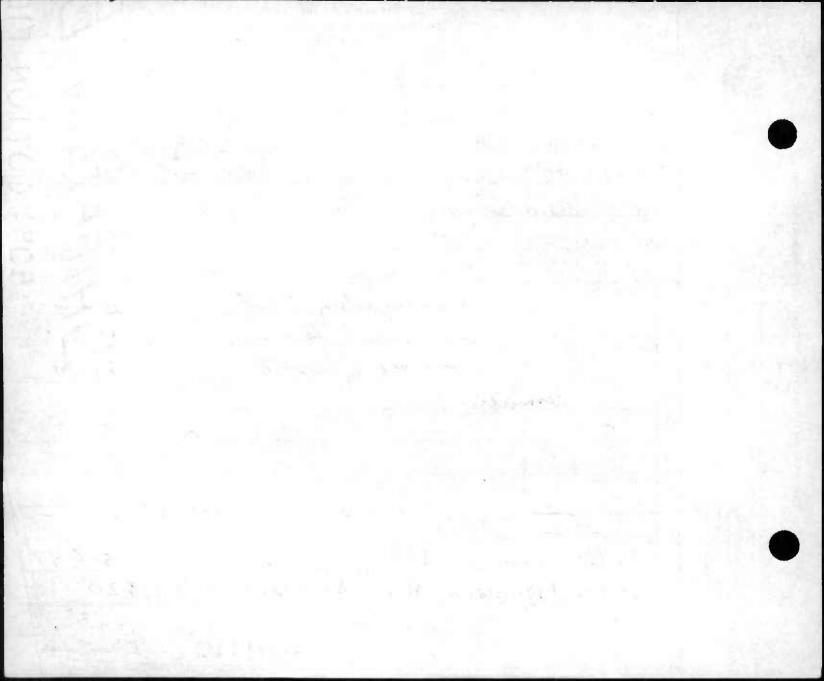
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

26. HOUR

126 KIND OF BUSINESS OR

2:05PM



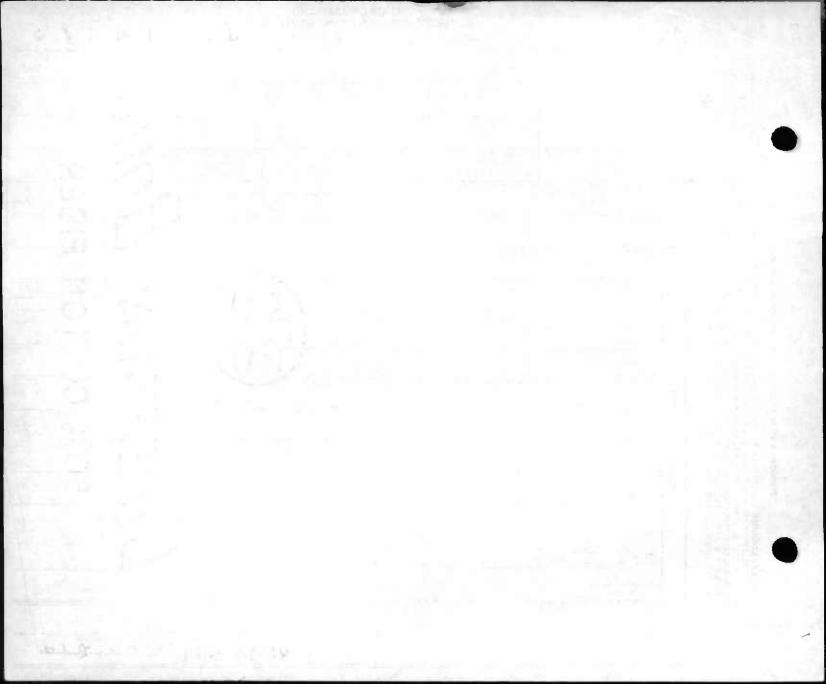
07/84 25M

FOR STATE

STATE OF MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.	4	4	1	9
DEPARTMENT OF HEALTH AND MENTAL HYGIENE				-,	40

	ECEASED N	AME	FIRST		MIDDLE		LAST		20. DATE KNO	OWN X	MONTH	DAY	YEAR	26 HOUT
			11woo	d .	Joseph	M:	LLER		DEATH MA		5	3	1987	2:15
3 SE	X	4 RA	CE	S. DATE OF BIRT		(IN YEARS IF UI		ER 24 HRS.	20 DATE		MONTH	DAY	YEAR	26. HOU
_	Male		ite	Dec. 2	5, 1913 73	111011	TIS DATS HOURS	MIN.	DEAD		5	3	1987	3:3
	OREIGN COUN			76. CITIZEN OF	WHAT COUNTRY?	8 MARR	IED X NEVER MAI	RRIED 🔲	9 BALTIMORI	E CITY OR	COUNT	Y OF D	EATH	F
		yland		USA		WIDOV				rrett				М
1	NTY OR TO		ATH	(IF NOT IN SUCH	DSPITAL, NURSING I	RESS)		FOR	MAL OCCUPATI	ION (TYPE OF	FWORK	12b KIN OR	ID OF BU	ISINESS RY
	Oakla		UNICHO WOLLE		Co. Memor		spital-DOA	La	borer			Sta	te F	Roads
	STATE	Md.	136. COUN		Deer H	WN	138 INSIDE CITY LIMITS	X Rt	REET ADDRESS 4, Bo	ж 129	,	215	50	
14. F	ATHER'S N	AME		MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAME	WIDDLI	E		L/	AST	
	John			ichael	Mille	r	Della		May		2/4	Fri	lend	
	WAS DECE			MED FORCES? WAR OR DATES)	166. SOCIAL SEC		17 INFORMANT			ADDRESS				- 50
	Yes		1	WW II	219-03-	8327	Mrs. Mar	y J.	Miller,	, See	#13	abo	ve	
	18 CAUS	E OF DEA	TH (Enter on VAS CAUSE	ly ane cause per li	ne far (a), (b), and (c).)						BETWI	PROXIMATE FEN ONSE	EINTERVAL T AND DEATH
			IMMEDIA	TE CAUSE (a)	Coronary A	rtery 1	hrombosis		4.15			m	inut	es
	Cana	itions if	any, which		R AS A CONSEQUE							1 -		
	gave	rise ta	immediate g the under-	(0)	schemic H		Bease	100)	yea	rs
		cause last			r as a conseoue arterioscl		Cardio-Va	scula:	r Disea	se		10-	+ ye	ars
ē	PART 2 OTH	ER SIGNILICA	NT CONDITIONS		TH BUT NOT RELATED TO TH									
o N					Diabetes			sulin						
CERTIFICATION	I9e, DATE	OF OPER	ATION	196 CON	DITION FOR WHICH	OPERATION W	AS PERFORMED?					20 AL	UTOPSY?	
E										-140	-		ES 🗆	NO X
100		ING			OF INJURY .M. MONTH DAY		OW INJURY OCCUR	RED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	IT I OR PAR	1 2)		
MEDICAL	CONTRIB	UTING [CAUSE OF			9	6.770	-						
MED	WHILE AT WOR	I OCCUR			E OF INJURY (AT HO ACTORY, FARM, ETC.)		CATION		CITY OR TOWN		cou	NTY		STATE
	22a. I c	ertify that	I taak charg	e af the remains d	escribed abave, held	an Autap	sy , Inspect	ian X	Inquiry X] and	ın m y apı	inian		
	death re	sulted from	n: / Natur	ral causes X.	Accident .	Suicide				-				
	ACTUAL	1	1/	+71	101.	14	TITLE (SPECIFY)							
	SIGNATI	RE /	erou	1	Xugh	lon	.o. Deputy	MED	ICAL EXAMINE	R	SIGNE	3 1	May	87
	EXAMINE (TYPE OR	R'S NAME PRINT)	Herb	ert H. L	eighton,	M.D.	ADDRESS Oak	@ 5th	Sts.,	0akla	nd,	MD	215	50
23e.	BURIAL, CRE	MATION,	REMOVAL 2	36 DATE	23¢ NAME O	F CEMETERY C	R CREMATORY	23d. LC	CATION		COUN	ity		416
		buria	al	5/6/87	Garret	t Co. 1	1em. Garde				rett	,	lary]	land
	NAME			ADDRE	SS				REGISTRAR 2					100
E	Bradle	y A.	Stewa	rt Oak	land, Mary	land :	21550	AY 1 1	1987	Julia	Dand	2. K	Conda	mp.



nerol director, page 3 72 hours ofter death

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the control of	
RECO		low r	
ITAL		The	reformed by the hospital or offending physicion.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

144/	
	4

REGISTRAR				CERTII	ICATE OF DEATH	REG. NO	D.	3-110	
I. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH OAY	YEAR	ZE HOUR,
(TYPE OR PRINT)	Herman	M	cKinley	M	OATS		5 4	1987	2:10 a
3. SEX		RACE		5 DATE		6. AGE (IN YEARS LAST BIRT		UNGER I YEAR	
Male		Wh	ite	Apri		62	YRS	VIHS DAYS	HOURS MI
70. BIRTHPLACE (STATE	OR FORFIGN	L CITIZEN OF	WHAT COUNTRY	8 MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
West Virg	inia	US	A	WIDOWI		Garrett			1
IN CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS C
Oakland		Route	5, Box	101		Laborer	, WORKING (IFE)	Gen'1	Labor
ISUAL RESIDENCE (IFN 130. STATE Md.	13b COUN' Garr	TY	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	Route #5,	ZIP CODE Box 10) 1	21550
14 FATHER'S NAME FIRST Hugh	Guÿ	UDDLF	Moats		IS. MOTHER'S MAIDEN NAME FIRST ICIE	Melvina	E	Bohan	ST
160 WAS DECEASED EV			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE			
(YES, NO OR UNKNOWN)	(#F YES, GIVE	WAR OR DATES)	235-38-	-8912	Mrs. Beatric	ce K. Moats	, See #	13 ab	ove
18 CAUSE OF DE	ATH (Enter onl	y one cause pe	r line for (a), (b), a						CIMATE INTERVAL ONSET AND DEAT
PARTI. DEATE		CAUSE (a)	Massive	Pulmor	nary and Pleur	al Effusion		2 m	onths
	oting the use lost.	(c)	OR AS A CONSEQU		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	
190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN		NGS USED S OF DEATH?
		21b. TIME O		DAY YEAR	21c. HOW INJURY OCCURR			I OR PART 2)	, in the
OR CONTRIBUTING	_	"	.M.	19					
OR CONTRIBUTING [(IF EITHER, NOTIFY A 216 IN JURY OCC WHILE NO	WHILE		OF INJURY REET, FACTORY, OFFICE,	FARM, FTC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that	(1) (this hospit	ol) ottended t	he deceased from.	Janua	ary 28 19 70	toMay 4		87	that (I) (we) I
saw the dece abave, (1) fwe	eosed alive on a	April	22 19	87	nd that in (my) (dur) apinion (death occurred on the do			
Herb	it s	4/2	show	m E		MEDICAL STAF	F IAN 🗌		ay 1987
Herbert	t H. Le	0	M.D.		0ak @ 5th St	s., Oakland	l, MD	21550	
230 BURIAL, CREMATIC	N, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
(SPECIEV)	urial	5/7/	87 Au	irora	Cemetery	Aurora,	Preston	i, Wes	t Va.

DHMH - 16 60M 7/84

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cample should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages Land with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

injury, or other troumatic event, th

IMPORTANT: If Hem 21 is morked or Nem 18 shows ony

24 FUNERAL DIRECTOR Bradley A. Stewart (VRA 15, 4)

Oakland, Maryland 21550

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
MAY 1 1 1987 Julia Deviden Po Julia Dividson Randalle

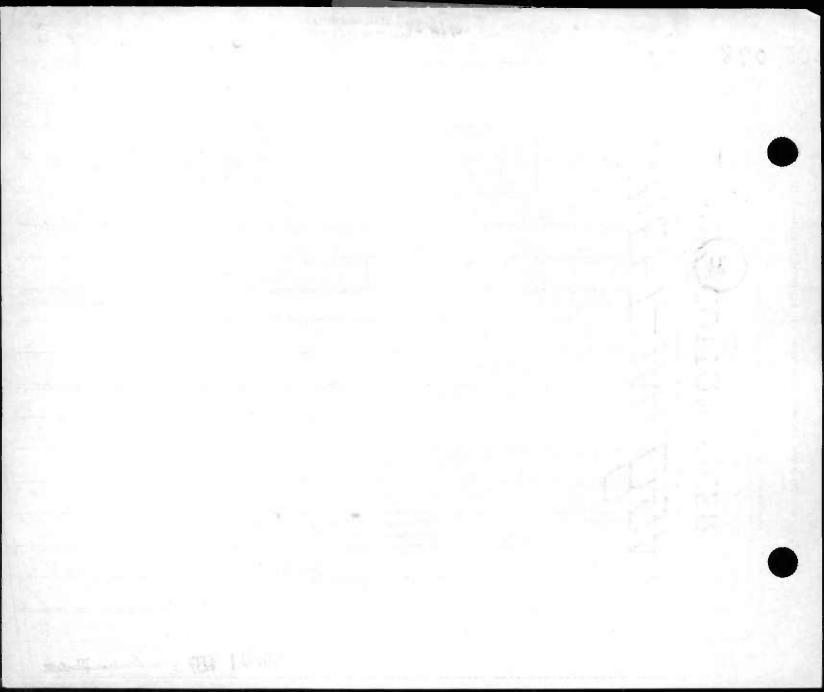
144 TES

HAN I THE TENENT TO YAM

BP__

(VRA 15, 4)

	ECEASED NAME	FIRST	N	AIDDLE	i	LAST	2a DATE OF	DEATH MO	NTH DA	AY YEAR	2b. HOI
(14)	PE OR PRINT)	Christi	ine			Paugh	May	7 1	7	1987	
3 SE	Female	4	White	е	5. DATE O	H DAY YEAR	6. AGE (IN YE)	ARS EAST BIRTHDA		FUNDER I YEAR	IF UNDE
7	SIRTHPLACE (STATE OR COUNTRYMd		USA	WHAT COUNTRY?	WIDOWE			Garre	tt Co		
2	Oakland		Garret	H FACHLITY, GIVE STREET CO. N	Mem. F	OR OTHER INSTITUTION	120 USUAL O (TYPE OF WORK Infar	CCUPATION FOR MOST OF WI	ORKING LIFE)	12b. KIND C INDUSTRY	F BUSIN
	JAL RESIDENCE (IF NUR. STATE Md	13b COUNT	other institution. IY rett	GIVE RESIDENCE BEFORE 134. CITY OR TOW Kitzmi	ller	13d. INSIDE CITY LIMITS? YES 🎦 NO 🗌	13e STREET A Mair	DDRESS / Z	IP CODE	21	53
16	Nillian Willian	n Ĩ	Robert	Paugh	n	Sharon	Ann		ugh	LAS	st
	WAS DECEASED EVER		NED FORCES? WAR OR DATES)	None	JRITY NO.	William Par	ıgh Kit	ADDRESS			38
	Conditions, if ony	r, which	DUE TO, OF	R AS A CONSEQUE		7 (24 nk	gesta	nn)		2	Hour
ATION	Conditions, if ony gove rise to im couse (o), stati	IMMEDIATE	DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CO	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE	PSY? 2	Ob. 1F YES,	N IN PART II	NGS USE
ERTIFICATION	Conditions, if ony gove rise to im couse (o), stoti underlying cause PART 2. OTHER SIG	IMMEDIATE /, which mediate ng the e lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	ONTRIBUTING TO	ENCE OF	ON WAS PERFORMED	20a AUTOI	PSY? 21	Ob. IF YES, Vicertify Yes	WERE FINDING CAUSES	NGS USE
DICAL CERTIFICATION	Conditions, if ony gove rise to im couse (a), stofic underlying cause PART 2. OTHER SIG	IMMEDIATE /, which mediate ng the e lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO 19b. CONDI HOUR A./ P./	R AS A CONSEQUI	ENCE OF DEATH BUT	21c. HOW INJURY OCCUR	20a AUTOI	PSY? 21	Ob. IF YES, Vicertify Yes	WERE FINDING CAUSES	NGS USE
MEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse (o), stofi underlying cause PART 2. OTHER SIG	IMMEDIATE I, which mediate ng the e lost. NIFICANT CO ATION IDERLYING CAUSE OF DEAT CICAL EXAMINER) RRED	DUE TO, OF (b) DUE TO, OF (c) DONDITIONS CO 19b. CONDI 21b. TIME OF HOUR A./ 21e PLACE (AT HOME, STR	PAS A CONSEQUI	DEATH BUT TOPERATIO AY YEAR 19	21c. HOW INJURY OCCUR	200 AUTOF	PSY? 2:	Ob. IF YES, N CERTIFY YES	WERE FINDING CAUSES TRI 1 OR PART 2) COUNTY	NGS USE
15	Conditions, if ony gove rise to im cause (a), stati underlying cause PART 2. OTHER SIG	IMMEDIATE I, which mediate and the elost. NIFICANT CO ATION ADERLYING CAUSE OF DEAT CICAL EXAMINER) RED ORK ORK (this haspite)	DUE TO, OF (b) DUE TO, OF (c) DUE TO, OF (c) DUDITIONS CO	PAS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	21t. HOW INJURY OCCUR 21t. LOCATION STREET 7 19 87 nd that in (my) (aur) apinion	200 AUTOF	PSY? 2 NO NO NO NO NO NO	Ob. IF YES, N CERTIFY YES NITEM IB PAI	WERE FINDIIING CAUSES TO COUNTY 9 87 and from the	NGS USE OF DEA NO [
15	Conditions, if ony gove rise to im couse [0], stofin underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [1] (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHITE ALTWORK INTO INTO INTO INTO INTO INTO INTO INTO	IMMEDIATE /, which mediate ng the e lost. NIFICANT CO ATION DERLYING CAUSE OF DEAT DICAL EXAMINER) PRICE INTEL OF THILE CO Sed alive on co did) (pld not)	DUE TO, OF (b)	PAS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	21f. LOCATION STREET 7 19 87 nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	200 AUTOF	PSY? 22 IR IR IR IR IR IR IR	Ob IF YES, N CERTIFY YES N ITEM 18 PAR	WERE FINDING CAUSES TI 1 OR PART 2) COUNTY 9.87.	NGS USE OF DEA NO [
15	Conditions, if ony gove rise to im cause (a), stati underlying cause PART 2. OTHER SIG	IMMEDIATE /, which mediate ng the e lost. NIFICANT CO ATION DERLYING CAUSE OF DEAT DICAL EXAMINER) PRICE INTEL OF THILE CO Sed alive on co did) (pld not)	DUE TO, OF (b)	PAS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	21t. HOW INJURY OCCUR 21t. LOCATION STREET 7 19 817 nd that in (my) (aur) apinian DEGREE ATTENDING	ZOO AUTON YES PRED (ENTER NATION death occurred	PSY? 2 If NO If UNE OF INJURY IN CITY OR TOWN I an the date STAFF PHYSICIAL	Ob IF YES, N CERTIFY YES N ITEM 18 PAR	WERE FINDIIING CAUSES TO COUNTY 9 87 and from the	NGS USE OF DEA NO [



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NOWN	W	MONTH	DAY	YEAR	26 HC

	1	FOR - STATE					AMINI				9.3	IE THI		1 4	(nut)	1	6
100111		REGISTRAR DECEASED NAM	F FIRST			AIDDLE	CAMILAI	-11	AST	CATE	OF DB	VIIIN	REG.		•		7
		TYPE OR PRINT)									19-11	2a DATE OF	KNOWN ESTI-	MONT	DAY	YEAR	SOS
URS. URS.			Benjam			iffor			ush			DEATH	MATED	05	18	19 87	Am
SISTER	3 S		4 RACE	5 DATE OF	, DAY,	YEAR	AGE (IN YEAR		DER 1 YR.	IF UNDE	R 24 HRS.	PRONOUN		MONTH	DAY	YEAR	24 HOU
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITMIN 72 HOURS	Ma	ale	White	6,	/16/1	.920	66 YR	S.	DATS	HOOKS	MIN	DEAD		5	18	1987	19:25
SS A TEN		BIRTHPLACE I	76. CITIZEN	OF WHA	T COUNTR'	Y?	E MAPPIE	D DO NE	EVER MAR	PIED []	9 BALTIN	ORE CIT	Y OR COU	VITY OF D	EATH		
S S S S S S S S S S S S S S S S S S S	PA	10.21011.20014181)		USA			WIDOWE		DIVOR		6	avi	rio +	1		445	
N S S S S S S S S S S S S S S S S S S S		CITY OR TOWN	OF DEATH	II. NAME O	OF HOSPIT	TAL, NURSI	NG HOME,				12a USI	JAL OCCU	PATION	TYPE OF WORK	12b KIN	ND OF BU	SINESS
O THE FU PAGE 5 PAGE 5 SEFILED	Ac	cident		Rt.	I BO	x 201	T ADDRESS)				Far	most of wor	KING LIFE)		Farm	ning	RY
- OF ZOO			(IF IN NURSING HOME					N3									
ANA ANA	130.	STATE	136 COU	NTY		13c, CITY OF	RTOWN			CITY LIMITS?	1,	EET ADDRI	ESS				
The second second	ME	ryland FATHER'S NAM	Garr	cett		Accid	ent		YES 🗌	NO X	nou	te 1,	Box	201	21	1520	
MD.	7	FATHER'S NAM	E	MIDDLE		LAS	Ť		IS. MOTH	ER'S MAIL FIRST	DEN NAME	A	NIDDLE			LAST	
B A A	4	William				Rus	sh			arah		Ja	ne		Tho	omas	
S TER CONTROL MD S TER	1 160	WAS DECEASE (YES, NO. OR UNKN	D EVER IN U.S. AL	RMED FORCES	?	166 SOCIA	CECURITY	NO.	17. INFOR	MANT			Rou	tèl, 1			
S NE GIVE	Ye			TT		172-¥	7-896	6	Lorr	ret.ta.	M. R	ush		ident			
WIT P	1	18 CAUSE C	OF DEATH (Enter o	nly ane cause								J.D.I.	2100		AP	PPROXIMATE	INTERVAL
A SAN A		PARTID	EATH WAS CAUS	ED BY:				10000 t								udde	AND DEATH
OT SEED WAY			IMMEDIA	ATE CAUSE (a)		A CONSE	iac a	rres c			- 1				3	udde	
M STAN			ins, if any, which			Cand	iac a	nn, th	omin								
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B REGERA	7		IGNIFICANT CONDITION	5 CONTRIBUTING TO	O OF WITH BUT	NOT RELATED	TO THE TERMIN	VAL DISEASE	OR CONDITIO	DN GIVEN IN I	PART 1 Id						
SA SANS	_ 0		4.73												- 1		
A HOUSE	1 3	19a. DATE O	OPERATION	19b C	ONDITIO	N FOR WH	IICH OPERA	TION WA	SPERFOR	RMED?					20 A	UTOPSY?	
F SSESSES	1		138-217												Y	ES D	NO [
OF VANABLE	CERTIFICATION	210 EXTERN	AL CAUSE WAS		IME OF IN	NJURY	AV VEAD	21c. HO	W INJURY	Y OCCURR	RED (ENTER	NATURE OF IN	IURY IN ITEM	18 PART I OR I	ART 2)		
N DECOM	3 3	UNDERLYING	G □ OR NG □ CAUSE OF		2.M. N	MOINTH DA	19										
PER	MEDICAL	21d INJURY	OCCURRED			INJURY (211 LOC									
DIN SECTION	2	WHILE	NOT WHILE	STR	EET, FACTORY	Y, FARM, ETC.)		STI	REET	/		CITY OR TO	WN	, ,	OUNTY		STATE
HAWATE A	413				,				-				5				
EXAMINER: CERTIFICATION ULD BE FOR UDIRECTOR: A, WITH THE		22a. I cert	fy that I taak char	_	-4	bed above,	held an	Autopsy	, V .	Inspecti	on L.	Inquiry	· .	and in my	pinion		
MER DES		death result	ed from: Nati	ural couses], Ac	ccident	, Suic	ide 🔲,	Homi	cide .	Undet	ermined mo	anner				
AL DIR		ACTUAL	n		11	16				SPECIFY)						- 40	1 1
YES YEW	-	SIGNATURE	100	TY.	CXA	65	1	M.	Pep	474	MED	ICAL EXAM	INER	DATE		7-10	-8/
NOR NE S	9	EXAMINER'S	NIAME	1		0	/			/							,
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND		TYPE OR PRI						A	DDRESS_								
BATTAR	23a.	BURIAL, CREMA	TION, REMOVAL				AE OF CEM				CITY	CATION			UNITY		16 -
784 BP	9	Buria	L	5/21/7	87	Zion	n Luth	ezan	Ceme	etery	Acc	ident	G, G	arret	t, I	Mary!	Land
AA A	2.4	CLINICOAL DIDE	TOP							AF . D . TF	DECID DI	0501050	- Tari or	CICEDAGIA			

DHMH - 17 (VR A15 ME (5))

Heral Director Deurnau Grantsville, MD 21536 MAY 25 1987 Julia Junian Russian

The state of the s . Life in the contract of the A shall see that the same of t

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.				
	L DEC	EASED NAME	FIRST	,	MIDDLE	t	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR		
0.11	TYPE	OR PRINT)	Dale	Lu	ie	SCHRO	CK	May 2	1, 198	87	639 A M		
١	3 SEX	(4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS		
	-	Male		White		July	30, 1923 YEAR	63	YRS	MONTHS DATS	HOURS MIN.		
	7a. BIF	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH			
	Ma	aryland		USA		WIDOWE		Garrett			MD.		
-	n.cr	TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR		
5		0akland		Garret	t County	Memor	ial Gardens	Security G		Coal	Co.		
è		L RESIDENCE (IF NUI	136 COUL		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 71P CODE				
1		Md.	-	rett	Deer Pa	-	YES NO K	Rt. 3, Box			550		
	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME					
)	-	Ear1	Cec	MIDDLE 1	Schrock		FIRST	MIDDLE		Wilkin			
_	16e VA	AS DECEASED EVE			16b. SOCIAL SECU	PITY NO	Cora	Lee	ESS	WIIKIII	5		
		ES. NO OR UNKNOWN)		VE WAR OR DATES)									
Ŕ		No			233-34-5	434	Mrs. Stella	M. Schrock,	See i	#13 abo	ve		
		18 CAUSE OF DEA	TH Enter of	nly one couse per	line for 10 (b), one	lieu ,	1/2				MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 154570/8								Sud	Sudden		
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if on		((b)	IN no Ca	no cardial Infarction					Minutes		
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying cous	(c)_	Coroway Steat Dises?					Years				
	z	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110			
	9		(0)	ng og he	- HE	ar	taille	aine.			. IF YES, WERE FINDINGS USED		
7	CA	19a DATE OF OPERATION 196 CONT		196 CONDI	DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	OF DEATH?				
	TIF							YES NOW		YES NO			
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		1 110110 4		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)			
	AL	OR CONTRIBUTING CAUSE OF DEATH HOUSE		AIH		19							
ì	MEDICAL	21d INJURY OCCURRED 21e. PLACE			E OF INJURY 211 LOCATION			CITY OR TOWN COUNTY			STATE		
	2	WHILE NOT WHILE ALWORK ALWORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)								200111	31410		
		220.1 certify that (1) (this haspital) attended the deceased from											
		sow the deceased alive on 19 21 19 27, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated											
		278 SIGNATURE	1	nt view the body	/ Contraction		DEGREE			220 DATE	SIGNED		
		/	ACA	11			ATTENDING PHYSICIAN	MEDICAL STA		5/4	87		
-		774 PHYSICIAN'S N	Afte doe	selection (22e ADDRESS	/	TOTA C	1 -1 0			
	11.9	0	RA	GORA	ALSKI		311 N	FuthSt					
-	23- 0	URIAL, CREMATION	, , ,	-	, ,	I A A A E OE O	EMETERY OR CREMATORY	23d LOCATION					
		SPECIFY)	, KEMOVAL	738. DATE	236 1	WAL OF C	EMETERT OR CREMATORY	CITY OR TOWN		COUNTY	STATE		

DHMH - 16 60M 7/84

BP.

IMPORTANT: If hem 21 is morked or hep-8 spe should be detoched for use as the buwith the State Dept. of Health and M. TO FUNERAL DIRECTOR: After this

Pradley A. Stewart (VRA 15, 4)

Burial

Oakland, Maryland

5/24/87

COUNTY STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	5
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	+6
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled may the lateral ector, page 3 should be detached for use as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 through the properties of the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	27
IMPORTANT: If Hem 21 is morked or Hem-18 shows ony injury, or other troumatic event, the medicologogomina murtal military are	MY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

N.V	-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 7 REG. NO.									
1 - 1		DECEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR				
		(TYPE OR PRINT) Grover	Loyal	Tic	hinel	May 14	4 1987	11:45 M				
	3	3 SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS				
		Male	White	Ma	$\frac{1}{3}$ $\frac{192}{7}$	60	YRS MONTHS DATS	HOURS MIN				
33	T	o. BIRTHPLACE (STATE OR FOREIGN COUNTRY). Md.	76. CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORECITY OR C		MD				
32/4	1	Oakland	(IF NOT IN SUCH FACILITY, GIVE STREET Garrett Co. M	ADDRESS)		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Laborer	ORKING LIFE) INDUSTRY	oal				
35	5			N	13d. INSIDE CITY LIMITS? YES NO 🖸	13e.STREET ADDRESS / ZI Rt 1 215	P CODE					
/ Nomin		4 FATHER'S NAME FIRST John	MIDDLE Tichinel		IS. MOTHER'S MAIDEN NAME FIRST Piercie	MIDDLE	Tichinel					
100	1	68 WAS DECEASED EVER IN U.S. AR		IRITY NO.	17. INFORMANT	ADDRESS	2201121102					
medico	L	Yes NO OR UNKNOWN) (IF YES, GIT	rea 213 24 6	991	Judy Spiker	Star Rt. Kii	zmiller,Md	21538				
t, th		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), on	d (c).)	Δ.		BETWEEN	IMATE INTERVAL ONSET AND DEATH				
emo even		PART I. DEATH WAS CAUSE IMMEDIA	7 10	years								
r to burial, crema injury, ar other tr		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g									
one prio		Resistant 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	YES NO	Ib. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?				
and Mental Hyg	1	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)					
		UIF EITHER NOTHY MEDICAL EXAMINE INDICATE CAUSE OF DE-	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
21 is mor		22a I certify that (I) (this hosp sow the deceased alive an	tal) attended the deceased fram_	01	nd that in (my) (aux) opinion of	to		that (1) (we) last				
Hem Hem		obove, (I) (we) (did no	ot) view the body after death.	MEDICAL STAFF DIRECTOR PHYSICIAN	27c DATE							
MPORTANT: If		Kzr E	E. Schwalm		02k/zn	d, MD 215	50					
_	L	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	- 1- 0-		EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OF TOWN Swanton	COUNTY Garrett	STATE Md				
M 7/84	2	4 FUNERAL DIRECTOR	ADDRES5		40.000	E REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNAT	URE				
4)		David A. Bu	rdock Kitzmill	er, Md	21538 MAY	1 9 1901	or houses to	MANUE				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

